

# 2013 Tackle Football Registration Form

Mt. Vernon Parks & Recreation Wildcat Youth Football

3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> Graders

Please fill out this form and return to the Parks & Recreation Department Office, 716 Locust Street (Hedges Elem. Entrance #8) or mail to P. O. Box 324, Mt. Vernon, Indiana 47620. Office hours are Monday - Friday from 8 a.m. to 5 p.m. [closed for lunch from 12 - 1 p.m.] All registrations are due by Friday, August 23<sup>rd</sup>. There will be evaluations and equipment fittings on Saturday, August 24<sup>th</sup> from 9:30-11am at the High School. **Registering after deadline (child) may be subject to a waiting list and will have a \$5 late fee.** Fees: \$70 per participant (\$35 additional child same family)

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

T-shirt size (circle one):      YS   YM   YL   S   M   L   XL

Requesting League:      Tackle (3<sup>rd</sup>-4<sup>th</sup>)      or      Cub (4<sup>th</sup>-6<sup>th</sup>)

**(4<sup>th</sup> graders are subject to evaluation by Advisory Committee and could be placed in either the Tackle or Cub League. 4th graders could be moved up or down depending on numbers in each league to keep leagues balanced.)**

Team (Last Year): \_\_\_\_\_

## Parent Permission:

I hereby grant permission for my child \_\_\_\_\_ to participate in the Youth Tackle Football program. I will assume all responsibility and obligations for my child in case of injury or accident sustained during participation in this program. I will release the Mt. Vernon Parks Board, Department, MSD of Mt. Vernon and all other paid and voluntary personnel from any and all obligation during the course of the program. We will all try to work together to build a fine program for all of the youth involved. **Further**, we assume responsibility for equipment issued [i.e. helmet, shoulder pads, pants w/pads] and agree to reimburse Parks Dept. of \$150 if not returned upon completion of season.

Parent Signature \_\_\_\_\_

Parent Name Printed \_\_\_\_\_

## Contact Information:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail \_\_\_\_\_ (for P & R distribution lists only)

Will you: Coach?    yes    no      Assist Coach?    yes    no      Coach Shirt Size:    S    M    L    XL

Comments:

Rec. # \_\_\_\_\_ Date Rec'd \_\_\_\_\_ By \_\_\_\_\_